

Stark County Engineer Claim Procedures and Q & A Concerning Claims

Claims Procedures: The Stark County Engineer (SCE) has developed procedures for the submittal of claims for property damage to vehicles while traveling on highways under the jurisdiction and maintenance of SCE. SCE can not assume liability/responsibility for circumstances beyond its control, including, but not limited to:

- Weather related events and conditions, including seasonal potholes
- Damages caused by other motorists/vehicles
- Unreported, road debris or conditions

Can All Claims Be Filed With SCE?

Damage claims because of highway problems or defects not under the jurisdiction of SCE should be referred to the government agency that has charge over that roadway. Other government agencies may have different reporting and handling procedures. For more information, you should contact the specific city, county or state authority.

How Do I Report A Claim?

Contact the Stark County Engineer's Office (330-477-6781) to report a claim and request a Stark County Engineer Damage Claim Form.

What Do I Need To Submit?

In order to expedite the investigation of your claim, you will be required to submit the following documentation within 30 days of the incident:

- A Completed Stark County Engineer's Claim Form
- A police report reference number
- Proof of damage – photos and estimates (if available)
- Paid receipt if repairs have been completed
- Proof of ownership
 - Title or registration for vehicles;
 - Deed or tax bill for damage to real estate.

Will My Claim Be Paid?

Upon return of the claim form and required documents, our investigation will begin. The Department evaluates each claim based upon strict negligence and liability standards established by the Ohio Court of Claims. Acceptance of the claim form is not a guarantee that the claim will be paid. Each claim is reviewed individually and is accepted or denied based upon the facts and circumstances related to that claim. While every effort will be made to expedite the processing of your claim, due to heavy volume, it will likely take 60-120 days to issue a final written determination. Please contact your insurance agent if the damage requires urgent consideration. The insurance company can arrange for repairs and present a claim to SCE on your behalf.

Where do I send the form? Send the form to:

The Stark County Engineer's Office
Attention: Safety Compliance Officer
5165 Southway St. SW
Canton, Ohio 44706

Stark County Engineer's Damage Claim Form

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INSTRUCTIONS: This form should be completed to report a claim against the Stark County Engineer involving auto/property damage or bodily injury. Please complete, sign, and submit this form to the County within 30 days of the incident. The claim will be investigated by our department to determine liability. If a question does not apply, please indicate 'n/a' in the space provided. If the claimant does not know the answer to a question, please put 'unknown' in the space provided. A completed form may be faxed to the Safety Compliance Officer at (330) 477-6781, but the signed original must be mailed or hand-delivered as soon as possible. If you have questions or need help completing this form, please contact the SCE Attorney or Safety Compliance Officer at (330) 477-6781

CLAIMANT INFORMATION (Please Print)

Name of Claimant(s):			
Mailing Address:	City:	State:	Zip:
Home Phone #:	Work/Cell #:		DOB:
If claimant is a minor (less than 18 years of age when incident occurred), provide parent/guardian name, address, and telephone #:			

INCIDENT INFORMATION: Answer all questions pertaining to this specific incident.

Date of Incident:	Day of Week:	Time of Incident:
Address where incident occurred (if a business, include name of business; if no exact address, include approximate block number, street, and nearest cross roads):		
Detailed description of City vehicle/equipment, property and/or driver involved in the incident (include driver's name, department, vehicle unit number, if known):		
Weather Condition:	Road Condition:	Visibility:
Detailed description of incident resulting in bodily injury and/or property damage (include description of activity leading up to incident, other physical conditions at incident location, and any other factors that may have contributed to the incident.):		
Please list any witnesses to the incident:		
Name:	Relationship:	Telephone#
Name:	Relationship:	Telephone#
Were the Police, Fire/EMS, or other City department contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, department name:		If yes, name of person(s) responding:
Date/Time contact was made:	Report/Case #::	Note: Attach a copy of report if available.
Explain any traffic violations/citations given to any drivers:		

BODILY INJURY INFORMATION: Respond to the following questions if claimant suffered bodily injury.

Did the claimant suffer a bodily injury as a result of this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Body Part(s) Injured:	Type of Injury:
Has medical attention been sought by the injured claimant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did claimant request or reject immediate medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please list the types of medical services that have been utilized by claimant:	
Please list the types of medical services that are anticipated in the future by claimant:	
Has a claim been filed, or will a claim be filed, with the claimant's medical insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please explain:
Please explain why the claimant believes the County should pay for medical expenses or other costs associated with this incident:	

DRIVER/AUTO DAMAGE INFORMATION:

(If this claim involves damage to claimant's automobile, please complete this section.)

Was the claimant, as identified above, also the Driver at the time of this incident? ☐ Yes ☐ No If yes, please indicate "same".

Name of Driver:	Mailing address::	City:	State Zip
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Home Phone #:	Work/Cell #	DOB
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Driver's License Information: Type: <input type="checkbox"/> Operator <input type="checkbox"/> Commercial Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	License #	State/Issue	Issue: Exp. Date:
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Auto Information

Year:	Make:	Model:	License Plate Number:
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Is the Claimant the owner of the above listed automobile? ☐ Yes ☐ No If no, please provide the owner's name, address, and phone number(s):

Location of Auto:	Damage to vehicle:
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Expense already occurred:	Anticipated future expenses:
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Is there a repair estimate/invoice attached? ☐ Yes ☐ No Is there prior damage to auto? ☐ Yes ☐ NoIs Auto insured? ☐ Yes ☐ No:

Insurance Company:	Policy No.:
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Has a claim been filed, or will a claim be filed, with the claimant's insurance company? ☐ Yes ☐ No Please explain:

Please explain in detail why the claimant believes the County should pay for these damages or other costs associated with this incident:

PROPERTY DAMAGE INFORMATION

{If this claim involves damage to claimant's property (other than automobile), please complete this section.}

Did claimant sustain property damage (other than automobile) as a result of this incident? ☐ Yes ☐ No

Please describe in detail the property damage that occurred as a result of this incident (list all buildings, furniture, fixtures, equipment, personal property, etc. that was damaged and the extent of the damage):

Has a claim been filed, or will a claim be filed, with the claimant's or owners insurance company? Please explain.

Is the Claimant the owner of the damaged property? ☐ Yes ☐ No If no, please provide the following:

Owner's Name:	Owner's Address:	Owner's Phone Number:
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List all estimated repair costs.

Expenses already incurred:	Anticipated future expenses:
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Is there a repair estimate/invoice attached? ☐ Yes ☐ No Is there prior damage to the property? ☐ Yes ☐ No

Please explain in detail why the claimant believes the County should pay for property damages or other costs associated with this incident:

ACKNOWLEDGEMENT

I certify that the information submitted on and attached to this form to be true, correct, and complete. I understand that this claim will be investigated and adjusted in accordance with Ohio Law which municipal liability is limited in certain circumstances and that submitting this claim notice does not indicate that the County will accept liability and/or make payment on my claim. I understand that I am solely responsible for obtaining and financially securing the necessary medical attention, the appropriate physical repairs to my property, and any security precautions during the investigation of my claim. I understand that County employees and the adjusting company are not authorized to and will not accept liability, authorize repairs, or commit financial settlements on behalf of the County without a full investigation of the claim.

Printed Name of Claimant:	Signature of Claimant:	Date:
Printed Name of Claimant:	Signature of Claimant:	Date: